## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. lime per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

SECTION 1 - General Information  1. Name and Mailing Address of Respondent	espondent					-									
P O BOX 279  ARLINGTON, AL 36722	36722		Ì										is a chan address.	is a change of address.	
2. Year Report Filed		3. Reportin	Reporting Period (Ending Date of Pay	ng Date of Pa	ıy		4. Number	Number of Full-Time Employees during Selected     Penneting Besid (check one):	mployees dur	ing Selected					
2018		APRIL	overed by Re	oort)			a. Fe	Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, and V only) b. 16 or more (complete all sections)	k one): complete Sec plete all secti	tions I, IV, an	d V only)				
SECTION II - Full-Time Employees.	35.														
							Num (Report empl	Number of Employees (Report employees in only one category)	yees one category						
5								Race/Ethnicity	,						
Categories	His	Hispanic or						Not-Hispanic or Latino	ic or Latino	:					Total
		Latino			X.	Male					Female	nale			Columns A - N
	Male	Female	White	Black or African	Native Hawaiian or	Asian	American Indian or	Two or more races	White	Black or African	Native Hawaiian or	Asian	٠, ٦	Two or more races	
				American	Other Pacific Islander		Alaska Native			American	Other Pacific Islander		Alaska Native		
	A	<b>B</b>	0	D	m	П	6	I	_	ĵ.	Σ.	٢	М	z	0
Executive/Senior Level Officials and Managers 1.1															0
First/Mid-Level Officials and 1.2 Managers	, -														0
Professionals 2															0
Technicians 3															0
Sales Workers 4															0
Administrative Support 5															0
Craft Workers 6				i											0
Operatives 7															0
Laborers and Helpers 8															0
Service Workers 9															0
TOTAL 10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL 11															0
														FCC 395	FCC 395

Title of Person Signing  MEMERER/MANAGER	Date Typec 05/22/2018 JO1	SECTION V - Certification  I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.	company before any body having competent jurisdiction in such matters during the calendar year covered by this report.  This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.	1,   5	PREVIOUS YEAR TOTAL 11	TOTAL 10	Service Workers 9	Laborers and Helpers 8	Operatives 7	Craft Workers 6	Administrative Support 5	Sales Workers 4	Technicians 3	Professionals 2	First/Mid-Level Officials and 1.2	Executive/Senior Level Officials and Managers 1.1	1			Categories	Joh	
ER	HN C N	dge, informa	dy having co mmission that parties involv	ation Compli	0	0											>	Male	Lamb	Hispanic or		1
	Typed or Printed Name of Person Signing JOHN C NETTLES	tion, and beli	mpetent juris at the followin ed, date filed	aints Pursua	0	0				:							В	Female	2	nic or		
	on Signing S	ef, all statem	diction in suc g complaints	int to 47 CFF	0	0		i	:								C	White				
WILLFULLY OF ANY ST		ents in this re	h matters dur h matters dur alteging viola jencies before	22.321, 23.5	0	0											D	Black or African American				
FALSE STA		port are true	ing the calent titions of the particle the man	55, 90.168, 10	0	0											П	Native Hawaiian or Other Pacific Islander	×			
TEMENTS MA	Signature	and correct	dar year cove rovisions of a atter has bee	1.4, and 101	0	0											FI	Asian	Male			
STRUCTION	L		red by this rep ny equal emp n heard, file n	311.	0	0											G	American Indian or Alaska Native				Nun (Report emp
PERMIT (47	1		oort. loyment oppourmber or other	prai state for	0	0											н	Two or more races		Not-Hispar	Race/Ethnicity	Number of Employees (Report employees in only one category)
PUNISHABLE U.S.C. 312 (A	A		dunity statute	ritorial or loca	0	0											-	White		Not-Hispanic or Latino	y	one category
)(1) AND/OR			have been fil , and current	al statutes hav	0	0											ľ	Black or African American				
ID/OR IMPRI			been filed against this company. current status or disposition.	ve been filed :	0	0											7	Native Hawaiian or Other Pacific Islander	Fer			:
SONMENT (1 E (47 U.S.C.	(334) 38		s company.	against this	0	0											٦	Asian	Female			
18 U.S.C. 100 503).	(334) 385-5001				0	0											Z	American Indian or Alaska Native			:	
11) AND/OR R					0	0											z	Two or more races				
WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).					0	0	0	0	0	0	0	0	0	0	0	0	0		A - N	Total		

Title of Person Signing
MEMEBER/MANAGER